

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29090

FILED
Feb 03, 2009
Secretary of State

Entity Name: SANTA ROSA CHAPTER 125 DISABLED AMERICAN VETERANS, INC.

Current Principal Place of Business:

5918 CARROL ROAD
MILTON, FL 32570 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 44
MILTON, FL 32570 US

New Mailing Address:

FEI Number: 51-0169753 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

EVERITT, JOHN
5231 PERSIMMON LANE
MILTON, FL 32570 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FRAZIER, ARTHUR
Address: 5428 HOMESTEAD DR
City-St-Zip: MILTON, FL 32570

Title: V () Delete
Name: BANN, RAY
Address: 4879 TIMBER RIDGE DR
City-St-Zip: MILTON, FL 32570

Title: T () Delete
Name: HEINEY, CHARLES
Address: 5749 WINDERMERE TR
City-St-Zip: PACE, FL 32571

Title: S () Delete
Name: EVERITT, JOHN
Address: 52311 PERSIMMON LN
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: EVERITT, JOHN
Address: 5231 PERSIMMON LN
City-St-Zip: MILTON, FL 32570

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN EVERITT

S

02/03/2009

Electronic Signature of Signing Officer or Director

_____ Date